

110000-07

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2011 TO 06/30/2011

*Records +  
TON:*

TK202-11-1-R  
Georgia Public Web, Inc.  
% Hall, Booth, Smith **DATE** **DEPOSIT**  
2417 Westgate Drive  
Albany, GA 31707-0225  
**JUL 08 2011 171**

FOR PSC USE ONLY  
Check # 085967  
\$ 700.00 06-03-001  
003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 6-30-11  
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

*40 Hall, Booth, Smith + Slower, P.C.*  
Georgia Public Web, Inc. 2417 Westgate Drive Albany GA 31707  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	<b>TOTAL Telephone Services</b>	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( 0 )	( 0 )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation	\$ 0	\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	0	0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	0
12.	Extension Payment Fee (see "4. Extension" on back)	0	0
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>	\$ 700.00	\$ 700.00 <sup>(2)</sup>

- (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$700 shall be imposed as provided Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_  
What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Robert J. Middleton, Jr. Attorney for Georgia Public Web, Inc. 6/30/2011  
(Signature of Company Official) (Title) (Date)  
Robert J. Middleton, Jr. Telephone Number 229 436 4445 Fax Number 229 888 2156  
(Preparer of Form - Please Print Name)

F.E.I. No. 58-2547104

RECEIVED - PSC  
 11 JUL -8 AM 9:21  
 COMMISSION CLERK  
 8-TMP 56970  
 PSC-COMMISSION CLERK